

that such accidents can be at all common in these operations.

On the whole the book is well written and will prove a valuable help to the dental student who is preparing for examinations and to the busy practitioner who has not time to read a more elaborate text-book upon the subject. J. S. M.

Pyorrhea Alveolaris. By Friedrich Hecker, B. Sc., D. D. S., A. M., M. D. A monograph of 157 pages and 32 illustrations. Published by C. V. Mosby Company. St. Louis, Mo., 1913. Price \$2.00.

Pyorrhea Alveolaris is a subject which is attracting more and more attention not only by the dental specialist but by the general practitioner of medicine as well, by reason of the grave dangers which are present in the disease from local and general sepsis.

We are in full accord with the author in the statement in his preface "that the disease is the result of constitutional and exciting causes which lower the vital resistance of the alveolar process, gum and peridental membrane." Also that this affection is responsible for many diseases in remote organs such as the eye, the ear, the tonsils, the throat, the heart, etc., due to septic infection through the lymph channels and the general circulation.

We stand aghast, however, when in Chapter 1 he enumerates eleven varieties of the disease. There is confusion enough already in the literature upon the etiology and diagnosis of this disease, but this array of special varieties of pyorrhea alveolaris increases the confusion and renders "confusion worse confounded."

The author would have us believe, seemingly, that nearly all inflammatory diseases of the oral cavity which result in the formation of pus are forms of pyorrhea alveolaris, and does not seem to be able to distinguish between this disease and the common varieties of gingivitis and stomatitis, the results of systemic and local conditions.

Pyorrhea alveolaris, so-called, is a disease which attacks the alveolar process, the peridental membrane and the gum, and is a progressive affection due to a lowered vital resistance of these tissues, brought about by constitutional conditions, among the most frequent of which may be named faulty metabolism and faulty elimination.

In the treatment of these many, so-called, varieties of the disease as classified by the author, the prominent and central thought is the employment of autogenous vaccines, which he recommends in all cases in conjunction with constitutional treatment, regulated diet, and the ordinary local treatment of cleansing the mouth, scaling the concretions when present, and antiseptic or astringent mouth washes or both.

Several of the varieties enumerated as pyorrhea alveolaris are simple cases of gingivitis and stomatitis, due to passing constitutional disturbances or local irritants of various kinds, and which are readily amenable to simple treatment, such as clearing the bowels and the removal of local irritants, the cleansing of the mouth and teeth and the application of a 25% solution of iodine in glycerole to the inflamed tissues.

The tendency of so many pyorrhea specialists to magnify every little inflammatory affection of the oral cavity accompanied by pus into a form of pyorrhea alveolaris is a great mistake. True pyorrhea alveolaris is by no means as common a disease as some believe, and the sooner this is realized and corrected the better it will be for the honor and good name of the dental specialist.

The making and employment of autogenous vaccines should not be undertaken by anyone who has not received special and careful training in bacteriology and serum therapy. If vaccines are used they should be employed under the direction and supervision of a specialist in serum therapy. The opsonic index should be taken in every case

to be so treated, and this examination repeated after each dose of the vaccine, as this is the only safe and reliable method of ascertaining the effect of the previous dose and whether the dose needs to be increased or diminished to establish the positive phase in the opsonic index. Clinical symptoms are often misleading and positive harm may be done by relying alone upon these symptoms.

The photomicrographs in the Chapter on Pathology are so poorly executed as to render them practically valueless. J. S. M.

Anatomy Descriptive and Applied. By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons; lecturer on Anatomy at St. George's Hospital Medical School, London. New (English) edition, thoroughly revised and re-edited, with the Basle Anatomical Nomenclature in English, by Robert Howden, M. A., M. B., C. M. Imperial octavo, 1407 pages, with 1126 large and elaborate engravings. Cloth, \$6.00 net; leather, \$7.00, net. Lea & Febiger, publishers, Philadelphia and New York, 1913.

The appearance of two new editions of Gray's Anatomy—one American and the other English, gives the student an excellent opportunity to make comparisons. In the new English edition the Basle Anatomical Nomenclature is given first place. It is given in English, and is a welcome advance over the terminology ordinarily accepted, as is still adhered to in the new American Edition, where the Basle Nomenclature is given second place in parentheses.

Prof. Howden has in this new English edition very consistently added at the end of the work a glossary of the Basle Anatomical Nomenclature. The equivalents of the three systems—the BNA in English, in Latin and, the ordinary terminology—are arranged in parallel columns, so that all can be commanded at a glance. This combination makes it very convenient for those who desire to perfect themselves in this subject.

In a recent review of the American Edition (Calif. State Jour. Med., vol. XI, p. 472) the writer made certain criticisms and laudatory comments, on the paucity and character of the illustrations, and general character of the work. The criticisms are equally applicable with slight modification, to the English Edition.

The latter begins with a chapter on Histology, followed by one on general Embryology and terminates with a consideration of Surface Anatomy and Surface Markings. The Applied Anatomy is given at the end of the different subdivisions, while the embryology of special structures is distributed through the text.

Some of the older illustrations are replaced by newer ones. There are 99 figures less than in the American Edition. Illustrations of transverse sections of the extremities are conspicuous for their absence. Figures 489, 528, and 529 very meagerly testify to the invaluableness of accurate illustrations of transverse sections of the extremities. Such figures should have replaced the suppressed illustrations of circles with the names printed on four sides, used in the preceding editions to show the relation of the larger blood vessels to the surrounding structures. Space compensation could have been obtained by curtailing the text. Descriptions cannot be compared to illustrations for building up mental pictures.

In the American Edition there is a marked increase in the number of illustrations of sections of the brain stem; in the English Edition there is not. Schematic diagrams adequately show the course of the nerve tracts and position of the central nuclei.

It is the usual thing to see students,—when at work on the structure of the brain-stem—have as many as six text-books spread out before them. It requires a varying number to give the adequate information for reading serial sections that have